

IN THE
SUPERIOR COURT OF THE
STATE OF ARIZONA
COUNTY OF MARICOPA

INSTRUCTIONS FOR SUBMITTING CIVIL APPEALS DOCKETING STATEMENT:

Rule 12, Arizona Rules of Civil Appellate Procedure, by amendment effective on January 1, 1998, provides that appellant shall file a Civil Appeals Docketing Statement (Docketing Statement) in Superior Court within 10 days after filing the notice of appeal. The attached Docketing Statement form must be completed fully and accurately by appellant's counsel or, if not represented by counsel, by appellant personally. A cross-appellant shall file a Docketing Statement within 10 days after filing a notice of cross-appeal.

The Docketing Statement is intended to assist the parties in identifying common procedural and jurisdictional problems prior to briefing and to provide the court with information needed for its issue tracking and appellate settlement programs.

The requirement that appellant identify issues in the Docketing Statement will not limit appellant's presentation of issues in the opening brief. Omission of an issue from the Docketing Statement will not provide an appropriate basis for a motion to strike any portion of the opening brief. However, appellant's early and accurate identification of issues is critical to the court's successful use of the Docketing Statement to improve case processing.

Type or print your answers to all questions on the Docketing Statement form. Alternatively, you may reproduce the docketing statement form as a word processing document. Attach a copy of the notice of appeal. In cases involving multiple appellants, the court encourages appellants to consult with each other and, whenever possible, to file only one Docketing Statement with notices of appeal attached.

Appellant shall serve a copy of the Docketing Statement on counsel of record for all other parties. Failure to file or serve a Docketing Statement within the time prescribed shall not affect the validity of the appeal, but may result in sanctions by the Appellate Court, including dismissal of the appeal.

(c) The court ruled on the motion on _____.
(date)

(d) Was the ruling on the motion made in a signed order? ___ Yes ___ No

4. Notices of appeal filed on _____. (Attach copy.)
(date)

(a) If more than one party has appealed from the judgment or order, list date each notice of appeal was filed and identify by name the party filing the notice of appeal.

B. APPEALABLE JUDGMENT OR ORDER

1. Basis for appellate jurisdiction under A.R.S. §12-2101
(check appropriate statutory subsection):

___B ___E ___G ___J ___L(1)
___C ___F(1)___H ___K(1)___L(2)
___D ___F(2)___I ___K(2)___M

or under A.R.S. §12-2101.01(A).

___1 ___2 ___3 ___4 ___5

2. List all parties involved in the superior court action:

(attach separate sheet, if necessary)

(a) If all parties in superior court are not parties to this appeal, explain in detail (with specific reference to the record on appeal) why those parties are not included in this appeal, e.g., dismissed, not served, or other:

3. Give brief description (3-5 words) of each party's separate claims, counterclaims, cross-claims or third party claims, and the trial court's disposition of each claim, e.g., bench trial, jury verdict, dismissal, summary judgment, default judgment or other (include specific references to the record on appeal and attach separate sheet, if necessary):

4. Does the judgment dispose of all claims and all parties? Yes No

(a) If no, was it made appealable under Rule 54(b) (ACRP)? Yes No

(b) Specify claims that remain pending in superior court:

5. Did this case originate in a justice of the peace court or city court? Yes No

(a) If yes, was there:

(1) an appeal to superior court; or

(2) a special action to superior court.

6. Does this appeal involve a contempt judgment or order? Yes No

C. **OTHER INFORMATION**

1. Disposition below: (check all applicable descriptions)

- | | |
|---|---|
| <input type="checkbox"/> Bench Trial | <u>Dismissal For:</u> |
| <input type="checkbox"/> Jury Verdict | <input type="checkbox"/> Lack of Jurisdiction |
| <input type="checkbox"/> Summary Judgment | <input type="checkbox"/> Failure to State a Claim |
| <input type="checkbox"/> Review of Agency Action | <input type="checkbox"/> Failure to Prosecute |
| <input type="checkbox"/> Grant/Deny Rule 60(c) Relief | <input type="checkbox"/> Discovery Sanction |
| <input type="checkbox"/> Grant/Deny New Trial or Judgment Notwithstanding the Verdict | <input type="checkbox"/> Other _____
_____ |
| <input type="checkbox"/> Injunction | |
| <input type="checkbox"/> Grant/Deny Special Action | |

2. Do you intend to order reporter's transcripts for the appeal? Yes No

(a) If so, have all necessary arrangements been made for preparation of the transcript? Yes No

(b) Estimated date of completion of transcript. _____

3. **Brief** description of nature of action and result in trial court:

4. Issues to be raised on appeal (attached separate sheet if necessary):

5. Do you believe this appeal would be appropriate for an accelerated appeal under Rule 29, ARCAP? Yes No

6. Do you believe this appeal would be appropriate for inclusion in the appellate settlement program? Yes No

D. **PENDING AND PRIOR PROCEEDINGS IN THIS COURT AND THE ARIZONA SUPREME COURT**

Has any other notice of appeal, petition for special action or petition for review been filed from the same or consolidated superior court action? Yes No. If yes, give the case number of that appeal, special action or petition for review.

E. **RELATED APPEALS**

Are there any other appeals pending in this court involving the same parties, events or transactions giving rise to this appeal? Yes No. If yes, please identify that proceeding.

F. **PROCEEDINGS IN OTHER COURTS**

Has any bankruptcy court petition been filed or has any other proceeding been commenced in another court that affects this court's jurisdiction over this appeal? Yes No. If yes, please identify that proceeding.

G. **SIMILAR ISSUES**

Are you aware of any pending appeals in this court raising the same or closely related issues? Yes No. If yes, give the case name and number, if known.

H. **PERSON FILING DOCKETING STATEMENT**

Name of Attorney: _____

Address: _____

Telephone: _____

Check one: Attorney Party Not Represented by Counsel

Check one: Appellant Cross-Appellant

Name of Party: _____

If this is a joint statement by multiple appellants, add the names and address of other counsel on an additional sheet accompanied by certification that they concur in the filing of this statement.

I. **OPPOSING COUNSEL ON APPEAL**

Name of Attorney: _____

Address: _____

Telephone: _____

Check one: Attorney Party Not Represented by Counsel

Check one: Appellant Cross-Appellant

Name of Party: _____

(List additional counsel on separate sheet if necessary).

VERIFICATION

I certify that the information provided in this Docketing Statement is true and complete. In the event there is any change with respect to any entry on this statement, I understand that appellant shall have a continuing obligation to file an amended statement on the prescribed form.

Name of appellant

Name of counsel of record

Date

Signature of counsel of record

CERTIFICATION OF SERVICE

I certify that on the _____ day of _____, 20____, I served the above Docketing Statement on all counsel of record by depositing a true copy thereof in the United States mail addressed as follows:

Signature